BRIGHAM CITY RECREATION REGISTRATION FORM FOR

Youth Fishing Program

Participant's Name:		
Address:		D. 1 D
		Birth Date:
Email address:		
	Age:	
Brigham City Recreation	on does not provide any insura cipants have coverage of their	
emergency medical or hos	whatever conditions are necessar	by a physician or hospital. This
	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
	***Make Checks Payable to BO	
Youth will be	placed with mentors on a first c	come first serve basis
******	Liability Release/Waiver	******
and inherent risks, particularly in activities beyond his or he dangers and warning signs. K Youth Fishing outweigh any ragree to release Brigham Cityknown, reasonable and/or inhe	if my child fails to follow written war r abilities. I will specifically look f nowing these risks, I believe that the isk associated with this activity. India y Corporation and its agents and em	Youth Fishing contains certain dangers mings or verbal instructions or engages for and instruct my children on these benefits of my child's participation in ividually, and on behalf of my child, I aployees from all claims arising from participation. I further understand that vity beyond his or her abilities.
	CONSENT FOR PICTURES	<u>!:</u>
exclusive television, radio or fi	icture and/or likeness to appear in any Im coverage of the Parks & Recreation ity of the Brigham City Parks & Recre	n Department in any manner incidental
	DATE	
	Signature Parent or Guardia	an
REFUNDS: \$5.0 PRC	0 HANDLING FEE IF REQUEST FO GRAM BEGINS	OR REFUND IS MADE BEFORE THE
· · · · · · · · · · · · · · · · · · ·	OFFICE USE ONLY	· · · · · · · · · · · · · · · · · · ·
Mentor's Name:		
Staff Tnitials:		